

STANDARD CERTIFICATE OF DEATH

22158

FILED JUN 20 1956

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5158

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **ST LOUIS**c. LENGTH OF STAY (in this place)
6 HRSd. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
D.O.A. CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **MO**

b. COUNTY

c. CITY OR TOWN **ST LOUIS**d. Is Residence within limits of a city or incorporated town?
Yes ☒ No ☐e. STREET ADDRESS (If rural, give location)
5 5853 JULIAN 20590

3. NAME OF DECEASED

(Type or Print)

a. (First)

JAMES

b. (Middle)

OLIVER

c. (Last)

THOMAS

4. DATE OF DEATH

(Month)

(Day)

(Year)

MAY 28 1956

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/30/32

9. AGE (In years)

23

If UNDER 1 YEAR Months Days

If UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SOLDIER

10b. KIND OF BUSINESS OR INDUSTRY

R. ARMY

11. BIRTHPLACE (City and State or Foreign Country)

WATERTOWN TENN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES EDGAR THOMAS

13b. MOTHER'S MAIDEN NAME

OLLIE (UNKNOWN)

14. NAME OF HUSBAND OR WIFE

JANET THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME

JANET THOMAS

17. ADDRESS

5853 JULIAN

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

MEDICAL CERTIFICATION
Carbon Monoxide Poisoning**suffered when a fire started by a candle smoking in bed, died in bed May 28 1956****Admitted on May 28 1956****E916.06**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)

Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)

St Louis MO

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

May 28 56 ?21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

OOD22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **901A** m., from the causes and on the date stated above.23a. SIGNATURE **Patrick E. Taylor** (Degree or title)

23b. ADDRESS

1300 Clark Ave.

23c. DATE SIGNED

5-29-56

24a. BURIAL, CREMATION, REMOVAL

BURIAL

24b. DATE

5/31/56

24c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

24d. LOCATION (City, town, or county)

JEFFERSON BARRACKS MO

DATE REC'D BY LOCAL REG.

MAY 29 1956

REGISTRAR'S SIGNATURE

J. C. Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Ed. Hellenen

ADDRESS

Oakland MO

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3501

P. O. Address Quiland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.